

## Preventing Cervical Cancer—Jhpiego Innovates to Save Lives



Photo by Jhpiego

The first two women to access cryotherapy in Thailand.

Cervical cancer is the second most common cancer in women worldwide, with 500,000 new cases and 250,000 deaths reported each year. Approximately 80% of cases occur in developing countries,<sup>1</sup> where more than 95% of women have never had a Pap test. Many of these cases can be avoided through early screening and treatment, and now also through vaccination against human papillomavirus (HPV), the virus that can lead to cervical cancer.

For more than 10 years, Jhpiego has been working with developing countries worldwide to provide them with low-cost, effective solutions to help save women's lives by preventing cervical cancer. Working with stakeholders and partners, Jhpiego pioneered the single visit approach (SVA), a unique, medically safe, acceptable and effective approach to cervical cancer prevention for low-resource settings. The SVA consists of visual inspection using vinegar or dilute acetic acid (VIA) to detect precancerous lesions on the cervix, followed by the offer for treatment using a freezing technique (cryotherapy), in the same visit.

### Jhpiego's Approach to Cervical Cancer Prevention and Treatment

An international health organization affiliated with The Johns Hopkins University, Jhpiego is recognized as a global leader in strengthening health systems for high-quality service delivery for women and families in low-resource settings. Using innovative approaches, Jhpiego puts research into practice to improve the health of women and families in the technical areas of maternal and newborn health, family planning and reproductive health, and prevention and treatment of HIV/AIDS and other infectious diseases. Within the field of reproductive health, cervical cancer prevention in low-resource settings is one of Jhpiego's key areas of expertise.

*"This new way of screening is good because it is saving me time and the money I do not have, my employer is not happy when we miss work for check-up, so now I don't have to be screened today and come back another day for results."*

— A client in Fochville clinic,  
South Africa

Jhpiego first conducted early clinical trials of VIA in Zimbabwe in 1995. Subsequently, we implemented projects to assess the safety, acceptability, feasibility and effectiveness of the SVA and found that it is a cost-effective intervention that can be practically implemented in low-resource settings. Jhpiego has since provided technical assistance to establish and scale up cervical cancer prevention programs in Ghana, Guyana, Indonesia, Malawi, Philippines, South Africa and Thailand, and has participated in advocacy initiatives in Ethiopia, Kenya, Mozambique, Nepal, Peru and Tanzania. In partnership with the International Planned Parenthood Federation/Western Hemisphere Region (IPPF-WHR), we also conducted an orientation activity in Guatemala for IPPF affiliates from Bolivia, Brazil, Dominican Republic, Guatemala, Haiti, Mexico and Peru.

<sup>1</sup> Parkin MD, Bray F, Ferlay J, et al. 2005. Global cancer statistics, 2002. *CA Cancer Journal for Clinicians* 55(2): 74–108.

Jhpiego has developed training materials that have been adapted for use in a number of countries, and has conducted regional training courses in Asia and Africa.

Jhpiego implements a comprehensive approach to cervical cancer programming with the following key components:

- Policy and advocacy: raising awareness, galvanizing governments and funders to take action, and assisting in the development of policies and guidelines to support activities to prevent cervical cancer
- Human resource development: developing training resources and conducting competency-based training for health care providers and supervisors
- Service delivery: working with local stakeholders to build a sustainable service delivery system that addresses procurement, repair and maintenance of equipment; monitoring and evaluation; and supervision for consistent quality of services
- Referral systems: strengthening linkages within the health system to ensure that women receive the appropriate follow-up and treatment
- Outreach and education: developing culturally appropriate materials for community education and mobilization, and training community outreach workers to effectively promote screening

To date, cervical cancer prevention efforts have been focused on the general population. A specific focus on HIV-positive women represents a new frontier. Globally, an estimated 50% of adults infected with HIV are women, and these women have higher incidence, greater prevalence and longer persistence of HPV infection. Consequently, they also have a higher risk of developing precancerous lesions, and may have more rapid progression to cancer than women who are not HIV-infected.<sup>2</sup> Building upon its vast experience in establishing and scaling up cervical cancer prevention programs, Jhpiego is currently working in the groundbreaking

area of integration of these programs with existing HIV care and treatment services.

### Highlights from Jhpiego's Cervical Cancer Portfolio

Jhpiego has implemented cervical cancer prevention activities in 12 countries, adapting programs to meet each setting's unique needs, goals and resources. Following are selected highlights from this work:

**Thailand:** In 2000, Jhpiego started working in four districts. By 2008, the program had expanded to more than 100 districts in 13 provinces, and is currently managed and funded entirely by the Royal Thai Government. As of 2008, over 500,000 women have been screened as a result of this program.

**Malawi:** Between 2004 and 2006, Jhpiego worked closely with the Reproductive Health Unit of the Ministry of Health to implement a cervical cancer prevention program in public hospitals and health centers. More than 79 providers were trained, and services were established in 24 districts. Approximately 16,000 women were screened from 2004 to 2007. The program is currently funded by the Ministry of Health and it plans to expand services to additional facilities.

**Philippines:** Jhpiego provided technical assistance to establish three pilot sites in 2006. Currently, nine sites are providing services, and approximately 15,000 women have been screened. The program also supported numerous advocacy efforts, and oriented more than 56 community outreach workers so that they could incorporate cervical cancer prevention messages during routine community outreach activities. The program is largely supported by local private and public sector funding.

**Guyana:** Jhpiego in January 2009 has partnered with the Ministry of Health, Georgetown Public Hospital Corporation and OmniMed to pilot and subsequently scale up a comprehensive cervical cancer prevention program for HIV-positive women.

<sup>2</sup> Evander M, Edlund K, Gustafsson A, et al. 1995. Human papillomavirus infection is transient in young women: A population-based cohort study. *Journal of Infectious Diseases* 171: 1026–1030; Parham GP, et al. 2006. Prevalence and predictors of squamous intraepithelial lesions of the cervix in HIV-infected women in Lusaka, Zambia. *Gynecologic Oncology* 103: 1017–1022.

Jhpiego is a founding member of the Alliance for Cervical Cancer Prevention (ACCP), which has provided global leadership for advocacy and research in prevention of cervical cancer in low-resource settings.